

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

Ben Hammida Ramzi

Plaintiff,

[Insert full name of plaintiff/prisoner]

CV 16-5419 CIVIL RIGHTS COMPLAINT
U.S.C. § 1983

ORIGINAL

JURY DEMAND

YES ☒

NO ☐

-against-

BRODIE, J.

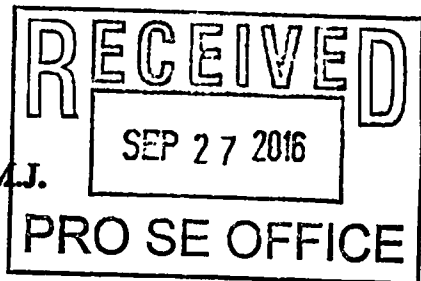
Department of Correction

Officer Morris

Officer Dutchin

Officer Lopez

BLOOM, M.J.



Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

- I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Ben Hammida Ramzi

If you are incarcerated, provide the name of the facility and address:

G.R.V.C

0909 Hazen Street

East Elmhurst, NY 11370

Prisoner ID Number: 3001600203

If you are not incarcerated, provide your current address:

Telephone Number: _____

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

Morris
Full Name

Officer (Female)
Job Title

AMKC, 18-18 Hazen Street, East
Elmhurst, NY 11370
Address

Defendant No. 2

Dutchin
Full Name

Officer (Male)
Job Title

AMKC, 18-18 Hazen Street, East
Elmhurst, NY 11370
Address

Defendant No. 3

Lopez
Full Name

Officer (Female)
Job Title

AMKC, 18-18 Hazen Street, East

Elmhurst, NY 11370
Address

Defendant No. 4

Full Name

Job Title

Address

Defendant No. 5

Full Name

Job Title

Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? A.M.K.C (18-18 Hazen Street, East Elmhurst, NY 11370) in the Housing Area Q112, cell #12.

When did the events happen? (include approximate time and date) Sunday 29th of May 2016 around midnight

Facts: (what happened?) On Sunday 29th of May 2016 while I was incarcerated at A.M.K. precisely in Quad Lower 12, Officer Morris was making a tour to check on the inmates, when she was in the back of the tier near to cell #12 where I was housed someone said "Morris let me grab that ass", Officer Morris thought it was me took her spray and sprayed inside my cell while screaming some Islamophobic inflammatory words, she then came back few minutes later and started splashing me with milk that seared my skin. I woke up finding myself in the shower, I cleaned myself and stepped out asking them to take me to the intake, they refused and denied me medical attention then dragged me to my cell. Officers Dutchin and Lopez helped her.

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

When I passed out I hurt my chin and now have a scar for life but most important my mental health is damaged, my dignity is hurt, I feel like I've been treated like an animal. I received mental health treatment but no treatment for my chin because no injury report has been made by the officers or they can hide the incident.

III. Relief: State what relief you are seeking if you prevail on your complaint.

I'm seeking apologies from the officers involved in that incident and surveillance cameras in that housing area so it won't happen again. Also I want the officers involved to be suspended for a fair amount of time and I'm seeking a financial compensation from the department of correction.

I declare under penalty of perjury that on 07/19/2016, I delivered this
(date)
complaint to prison authorities at A.M.K.C to be mailed to the United
(name of prison)
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 07/19/2016

[Signature]
Signature of Plaintiff

A.M.K.C
Name of Prison Facility or Address if not incarcerated

Address

3001600203
Prisoner ID#